

MARTA Police Department

MARTA Civilian Application



“Be the Change”
Make a Difference

Employment Application Guidelines for Police Officers

We appreciate your interest in working for the MARTA Police Department. Please read this page carefully so that your application will include all of the information necessary for consideration.

The application package you have received includes a background questionnaire. When completing this package, **ACCURACY AND COMPLETENESS IS OF UTMOST IMPORTANCE!** Be sure to answer all questions truthfully and completely. Provide all information requested (i.e. names, addresses, zip codes, telephone numbers, etc.) Applications which are not complete cannot be processed.

The package also includes several waivers and release forms that are necessary to process your application, and which require your signature. Three (3) of these forms must be notarized which means they need to be signed in the presence of a notary public.

Please Print one-sided

In addition, the following items must be returned with the application package.

1. Copy of your high school diploma, GED, or official high school transcript.
2. Copy of your driver's license.
3. Copy of your social security card.
4. An ORIGINAL (not a copy) of your Motor Vehicle Record for the past seven (7) years.
5. Copy of your birth certificate.
6. Copy of your DD214 long form (if applicable).
7. Official college transcript from institution

IF YOU FAIL TO SUBMIT THE ABOVE ITEMS WITH YOUR APPLICATION, YOUR APPLICATION CANNOT BE PROCESSED AND WILL BE DELAYED.

Upon completion of your application, you may deliver it in person or mail it to the MARTA Police Department, Background Investigations, 2400 Piedmont Road, NE Atlanta, Georgia 30324-3330. (Police Headquarters is located across from the Lindbergh MARTA station on the North/South line). We will accept applications by e-mail **with requested identification and notarized authorization forms only.** Applicants wishing to submit a completed application via e-mail should use the following e-mail address: **MPDBackground@itsmarta.com**. The background investigation and selection process is a lengthy process and may take, in some cases, up to four (4) months. Applications received by the MARTA Police Department will remain active during the selections process.

If you are selected for an interview, you will be notified by the MARTA Police Department.

If you are not selected for this position, you may re-apply after a period of one (1) year.

All applicants for employment with the MARTA Police Department are subject to a thorough background investigation to verify the accuracy of statements provided within the application, and to confirm your qualification for employment.

The following factors are some of those that would be cause for disqualification:

- Any conviction of an offense punishable by one or more years imprisonment (felony). This includes cases falling under the First Offender Act and expunged/sealed cases
- Any federal, state, or local circumstance that would prohibit you from legally possessing a firearm
- Pending traffic or criminal charges
- Deliberate omissions or falsehoods
- Any repeated convictions of an offense indicating disrespect for the law, a lack of good moral character or disposition towards violence and disorder
- Discharge from employment, where such discharge indicates poor behavior and/or an inability adjusting to discipline
- Any discharge documentation suggesting that service ended under less than honorable conditions
- A conviction for Larceny or Theft over \$500
- A conviction for any domestic violence offense
- Failure to pass all medical, physical, psychological examinations
- Use of illegal drugs in violation of MARTA Police Pre-employment Drug policy other than marijuana usage.
- A conviction for DUI, Alcohol/Drugs within 3 years of the date of the application
- Five (5) or more moving violation convictions within 3 years prior to the date of application
- Three (3) or more convictions for speeding in excess of 30 MPH over the speed limit within the entire driving record
- Three (3) or more chargeable traffic accidents within 5 years prior to the date of application
- A driver's license that is currently suspended, revoked, or expired
- A conviction for vehicular homicide, or hit and run (leaving the scene of an accident)
- Current probation or parole status

MARTA Police Investigative Questionnaire-Pre- Qualification

Name: _____ DATE: _____

Important- A complete and truthful response to every question herein is required. Any omission, misrepresentation or falsification will result in the disqualification of your application. If you are hired and it is later discovered that you falsified your application, you will be terminated from employment. If you have any questions or are unsure about these instructions or an item, please contact the Background and Recruitment office at (404) 848-4900. Remember to be sure of your answer to all questions, before submitting your application.

Pre-Qualification Questions	Yes	No	Explain
Have you ever been convicted of any offense punishable by one or more years of imprisonment?			
Do you have any pending criminal charges?			
Do you have Three (3) discharges or two (2) terminations from employment. Where such discharge indicates poor behavior and /or an inability adjusting to discipline?			
Have you had five (5) or more moving violation convictions within (3) years of the date of application?			
Do you have three (3) or more convictions for speeding in excess of 30 mph over the speed limit within your entire driving record?			
Have you had three (3) or more chargeable traffic accidents within five (5) years prior to the date of the application?			
Do you have a drivers' license that is currently suspended, revoked or expired?			
Are you currently on probation or parole?			
Have you ever been convicted of obstruction, attempting to elude (traffic or criminal) or assaulting a law enforcement officer?			
Have you ever used or experimented with cocaine, crack crystal meth, methamphetamine, steroids, ecstasy, bath salts and/or heroin?			
Have you ever sold any illegal drugs? If YES, when and what type?			
Have you ever used or sold any controlled substance other than marijuana?			
Do you have any tattoos above the collar or on your neck that will be visible? Is so please Describe?			

Signature: _____

E-Mail Address: _____



An equal opportunity employer
With a commitment to diversity in the workforce

Metropolitan Atlanta Rapid Transit Authority
A Standard of Excellence

Application for Employment
(Please print all information.)

For Personnel use only 042534

Application # _____

Received by _____

Position(s) Applied for _____

Date of Application _____

LAST NAME		FIRST NAME		MIDDLE NAME		MAIDEN NAME					
ADDRESS		NUMBER		STREET		CITY		STATE		ZIP CODE	
HOME TELEPHONE () -				BUSINESS OR MOBILE () -				SOCIAL SECURITY NUMBER / /			
DO YOU NOW HOLD A PUBLIC OFFICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				HAVE YOU EVER BEEN EMPLOYED BY MARTA? <input type="checkbox"/> YES <input type="checkbox"/> NO DATES FROM _____ TO _____ POSITION TITLE _____ WHAT WAS YOUR NAME THEN? _____							
PLEASE LIST ANY RELATIVES CURRENTLY WORKING FOR MARTA BELOW:											
NAME OF RELATIVE _____				POSITION HELD _____				RELATIONSHIP _____			
NAME OF RELATIVE _____				POSITION HELD _____				RELATIONSHIP _____			
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS		DRIVER'S LICENSE NUMBER		STATE OF ISSUE		EXPIRATION DATE			
HAS YOUR LICENSE EVER BEEN SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____											
EXPLAIN CIRCUMSTANCES: _____											
PREVIOUS ADDRESSES (INCLUDE PREVIOUS TEMPORARY AND PERMANENT ADDRESSES COVERING THE LAST 2 YEARS. USE ADDITIONAL PAPER, IF NECESSARY.)											
STREET ADDRESS		CITY		STATE		COUNTY		FROM		TO	
1.											
2.											
3.											
HOW DID YOU LEARN ABOUT US?											
<input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYEE. GIVE EMPLOYEE'S NAME: _____											
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> RELATIVE <input type="checkbox"/> COLLEGE/UNIVERSITY NAME _____ <input type="checkbox"/> OTHER (SPECIFY) _____											

FIRST, LAST, MI

SOCIAL SECURITY NUMBER

EMPLOYMENT EXPERIENCE

Begin with your current or most recent employment. Give accurate information on all full and part time employment including any periods of unemployment or military service longer than one month. Provide both the month and the year of employment dates. Resumes and additional paper may be included.

The Commercial Motor Vehicle Safety Act of 1986 requires that all prospective applicants for the position of Bus Operator must detail previous employment as a commercial driver As far back as ten years, if applicable.

COMPANY NAME & ADDRESS 1. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

COMPANY NAME & ADDRESS 2. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

COMPANY NAME & ADDRESS 3. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

COMPANY NAME & ADDRESS 4. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

COMPANY NAME & ADDRESS 5. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

COMPANY NAME & ADDRESS 6. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

COMPANY NAME & ADDRESS 7. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

COMPANY NAME & ADDRESS 8. _____ _____		DATES EMPLOYED		WORK PERFORMED _____ _____ _____ _____ _____
		FROM	TO	
TELEPHONE NUMBER(S) () -		HOURLY RATE/SALARY		
		STARTING	ENDING	
JOB TITLE	SUPERVISOR			
REASON FOR LEAVING				

EMPLOYMENT EXPERIENCE (continued)

Have you ever been dismissed, suspended, or asked to resign? ☐ Yes ☐ No

If yes, please explain the circumstances, give the name of the employer, and list the dates of employment.

Please explain all periods of unemployment.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

EDUCATION

	HIGH SCHOOL	UNDERGRADUATE COLLEGE/UNIVERSITY	GRADUATE/ PERFESSIONAL	TECHNICAL/ BUSINESS SCHOOL
SCHOOL NAME & LOCATION				
CIRCLE YEARS COMPLETED	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE AWARDED		YEAR RECEIVED	YEAR RECEIVED	
DESCRIBE COURSE OF STUDY				
Describe any specialized training, Apprenticeship, skills And extracurricular activities.				

DO YOU HAVE A GED? YES NO DATE RECEIVED ____/____/____ ISSUING INSTITUTION _____

ADDRESS _____

SKILLS

PROFESSIONAL LICENSE OR CERTIFICATE, IF REQUIRED FOR THIS POSITION	LICENSE #	DATE ISSUED	ISSUING STATE	EXPIRATION DATE

List any foreign languages in which you can read and write: _____

List any foreign languages in which you are fluent: _____

Secretarial skills, if required. Typing speed WPM _____ Dictation speed WPM _____

Other skills, including software knowledge: _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe: _____

State any additional information you feel may be helpful to us in considering you for employment. _____

Please read the following statements carefully. They are conditions for employment with the Metropolitan Atlanta Rapid Transit Authority (MARTA).

1. The answers given by me to the foregoing questions and the statements made by me are true to the best of my knowledge and belief. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS QUESTIONNAIRE OR ANY SUPPLEMENTS THERETO, IS CAUSE FOR REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.
2. The persons, schools, previous employers, and other organizations named in this application are authorized by me to verify the information I have provided and to provide MARTA with any relevant information that may be required to arrive at an employment decision.
3. A satisfactory medical examination, drug and alcohol tests, and signed medical release statement(s) are required for all new employees in security and safety sensitive positions. Results will be held in confidence by MARTA except where release of such information is required by law.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and Sunday. I understand and accept these as conditions of employment.
5. I understand that employment at MARTA is terminable at the will of either the employee or the Authority.
6. I understand that this application is valid for a (6) month period only.
7. I understand that MARTA may procure or prepare an investigative report to verify all information I have provided on the questionnaire. For certain positions, this investigation may include a check of my criminal conviction record. By signing this questionnaire, I authorize MARTA to make such an investigation and release from all liability or responsibility all persons, schools, companies, corporations, state agencies or any other entity supplying or collecting such information. Any copy of this authorization shall have the same authority as the original.

Signature _____ Date _____

MARTA POLICE DEPARTMENT



Pre-Employment Civilian Candidate Questionnaire

Applicant's Name: _____

Email Address: _____

Date: _____

PRE-EMPLOYMENT POLICE CANDIDATE QUESTIONNAIRE

Date: _____ Position Applied for: _____

Name: _____
Last First Middle SSN

DOB: _____
Month / Day / Year Age Place of Birth

Email Address Mobile Number / Alternate Contact Number

Address: _____
Street City State Zip Code

Sex: _____ Weight: _____ Marital Status: _____

Race: _____ Height: _____ Spouse's Name: _____

Current Occupation: _____

Business Address: _____
Street City State Zip Code

The following questions pertain to mandatory requirements of employment with the MARTA Police Department:

1. Do you have a high school diploma or equivalent? _____

2. Are you a United States-born Citizen? Yes _____ No _____ Naturalized? Yes _____ No _____

3. Have you ever been convicted of a felony? Yes _____ No _____

4. Have you ever applied with the MARTA Police Department before? Yes _____ No _____

If yes, (Check one) Online only _____ Submitted paper application with documents _____

5. Date paper application submitted (if applicable) MM/YY _____

6. Have you ever been employed by a Criminal Justice Agency before? Yes _____ No _____

7. Have you ever used or experimented with any type of illegal drugs, other than marijuana? Yes ___ No ___

If yes, please list date, type of drug, and the number of times used:

Drug: _____ # of times _____ Date(s): _____

Drug: _____ # of times _____ Date(s): _____

HIGHER EDUCATION

1. Do you have a college degree? _____ If so, list degree type and college or university.

2. If not and you have some college, how many semester or quarter hours do you have? _____

RESIDENTIAL HISTORY

In the space provided below, please list all the places you have lived the past **fifteen (15) years** beginning with the most recent.

From / To	Street Address / City / State / County
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PERSONAL REFERENCES

List **five (5) people** who have known you for at least **five (5) years** and are not related to you either by blood or marriage and are not former employers. Examples of personal references may include your family doctor, minister, neighbor, teacher, landlord and friends. Those listed may be asked to appraise your character, ability, experience, personality and other qualities.

1.	Name of Person	Relationship	# of Years Acquainted
	_____	_____	() _____
	Address	City/State	Zip Code Telephone Number
	_____	_____	_____
2.	Name of Person	Relationship	# of Years Acquainted
	_____	_____	() _____
	Address	City/State	Zip Code Telephone Number
	_____	_____	_____
3.	Name of Person	Relationship	# of Years Acquainted
	_____	_____	() _____
	Address	City/State	Zip Code Telephone Number
	_____	_____	_____
4.	Name of Person	Relationship	# of Years Acquainted
	_____	_____	() _____
	Address	City/State	Zip Code Telephone Number
	_____	_____	_____
5.	Name of Person	Relationship	# of Years Acquainted
	_____	_____	() _____
	Address	City/State	Zip Code Telephone Number
	_____	_____	_____

CRIMINAL HISTORY

Have you ever been convicted of or participated in any of the following crime(s) in the past, or are you presently awaiting a court hearing for any of the following crimes?

	Yes	No	Explain
Reckless Driving			
DUI			
Serious Injury by Vehicle			
Assaultive Behavior			
Obstruction of an Officer			
Sexual Offenses			
Theft by Taking			
Theft by Deception			
Theft of Services			
Theft of Lost/Mislaid Property			
Theft by Receiving Stolen Property			
Violation of the GA Controlled Substance Laws			
Homicide by Vehicle			
Fleeing or attempting to elude an Officer			
Impersonating a Law Enforcement Officer			
Robbery			
Armed Robbery			
Forgery			
Credit Card Fraud			

Have you ever been convicted of or participated in any other crimes that were not mentioned above?
 Yes _____ No _____

If so, give explanations, dates, county, city, and state that the incident occurred. _____

(Criminal history continued)

1. Have you ever been arrested or convicted of any crime excluding traffic offenses?

Yes _____ No _____

2. Have you ever plead guilty or nolo contender to any crime excluding traffic offenses?

Yes _____ No _____

3. Have you ever received a sentence under the First Offender Act?

Yes _____ No _____

4. Have you ever appeared in court (including juvenile) as a defendant to answer any city, Municipal, State or Federal charge(s)?

Yes _____ No _____

5. Were you ever in custody as a juvenile?

Yes _____ No _____

If you answered yes, please explain: _____

6. Have you ever been:

Sentenced to incarceration of any type?

Yes _____ No _____

Placed in a police line-up?

Yes _____ No _____

Have you ever been placed on probation?

Yes _____ No _____

Have you ever been placed on parole?

Yes _____ No _____

Placed in jail?

Yes _____ No _____

Placed in a holding cell?

Yes _____ No _____

Placed in a military stockade?

Yes _____ No _____

Placed in an alternative school?

Yes _____ No _____

Have you ever resigned while under investigation from any employer?

Yes _____ No _____

Questioned as a suspect of a crime by the police?

Yes _____ No _____

If you answered "yes" to any of the above questions, please explain: _____

UNDETECTED CRIMES

1. Have you ever committed an act for which you were not arrested?

Yes _____ No _____

2. Have you ever fraudulently obtained money?

Yes _____ No _____

3. Have you ever committed a fraudulent act against your employer?

Yes _____ No _____

4. Have you ever intentionally damaged the property of another?

Yes _____ No _____

5. Have you ever filed a false report with a law enforcement agency? For any reason.

Yes _____ No _____

6. Since you been an adult (18 years old), have you ever had a sexual encounter with someone under the age of 18?

Yes _____ No _____ If Yes-How old was the person _____ How old were you _____

7. Have you ever been involved in a sexual act that if caught you would have been arrested?

Yes _____ No _____

8. Have you ever been involved in a sexual act that if caught you would have been fired from your employer?

Yes _____ No _____

9. Have you ever engaged in prostitution or used the services of a prostitute?

Yes _____ No _____

10. Have you ever benefited from the sale of illegal drugs (other than marijuana), received free drugs or sexual favors?

Yes _____ No _____

11. Have you ever driven a motor vehicle under the influence of drugs (other than marijuana) and/or alcohol?

Yes _____ No _____ If yes, How Often _____ When was the last time _____

12. Have you ever went to work under the influence of illegal drugs and/or alcohol?

Yes _____ No _____

13. Have you ever purchased or pawned an item that you knew was stolen?

Yes _____ No _____

If you answered "yes" to any of the above questions, please explain: _____

DRIVING RECORD

1. Do you have a current valid driver's license? Yes _____ No _____ Year obtained first license _____

State

License Number

Classification

Expiration Date

2. In the last 7 years have you ever possessed a driver's license issued by another state other than Georgia?

Yes _____ No _____

If yes, please give the state and license number:

State: _____ License number: _____

State: _____ License number: _____

3. Please list below ALL traffic citations you have received (except parking):

Location (City & State)

Approximate Date of Violation

Disposition

4. Has your license ever been suspended or revoked? Yes _____ No _____

If yes, please explain below:

5. Have you ever been refused a driver's license by any state? Yes _____ No _____

If yes, please give details: _____

6. Has your auto insurance ever been cancelled? Yes _____ No _____

If yes, please explain: _____

7. Have you ever been denied auto insurance? Yes _____ No _____

If yes, please explain: _____

8. Have you ever obtained a driver's license under another name? Yes _____ No _____

If yes, please explain: _____

THEFTS

1. Have you ever stolen any money from an employer? Yes _____ No _____

2. Have you ever stolen anything from an employer? Yes _____ No _____

3. Have you ever stolen any property from a fellow employee? Yes _____ No _____

4. Have you ever deliberately "short changed" a customer? Yes _____ No _____

5. Have you ever deliberately destroyed any property of an employer? Yes _____ No _____

6. As an adult, have you ever stolen anything from a store? Yes _____ No _____

7. Have you ever altered a price tag in a store? Yes _____ No _____

8. Have you ever forged a check? Yes _____ No _____

9. Have you ever intentionally written a bad check? Yes _____ No _____

10. Have you ever stolen anything from a vehicle? Yes _____ No _____

11. Have you ever acted as a lookout when someone else was stealing? Yes _____ No _____

If you answered "yes" to any of the above questions, please explain: _____

FINANCIAL

1. Have you ever declared or about to declare bankruptcy? Yes _____ No _____

If yes, is it discharged? Yes _____ No _____

If yes, please provide date, location, and circumstances: _____

2. Have you ever had any garnishments? Yes _____ No _____

If yes, please explain: _____

3. Have you ever been ordered by a court to make financial payments for child support, taxes, civil suits, Etc?

Yes _____ No _____

If yes, please explain: _____

MILITARY

1. Have you ever served in the active Armed Forces of the United States? Yes _____ No _____

If yes, list branch:

A. What branch? _____

B. What date(s) of service? _____

2. What is the type of discharge? (Honorable, dishonorable, general, honorable conditions, etc.)

Be exact: _____

(Military continued)

3. If you have anything below an Honorable discharge, please explain why:

4. Are you now, or were you ever a member of the United States Reserve Forces?

Yes _____ No _____

If yes, list branch:

A. What branch? _____

B. What date(s) of service? _____

5. Were you ever court-martialed, charged with a crime, the subject of summary court, desk court, captains mast or company punishment, or received any other DISCIPLINARY ACTION while being a member of the Armed Forces? Yes _____ No _____ If yes, please explain here:

TATTOOS

In accordance with the MARTA General Orders 26-104, MARTA Police officer are prohibited from having tattoos above the collar, on your neck or hands/fingers. Do you have any tattoos in the following location(s)? If yes, please describe the tattoo(s) and enclose a photo with your application.

	Yes	No	Description
Above the Collarbone			
Neck			
Eyelids or Eyebrows			
On or behind the Ears			
Right Arm, Hand or Fingers			
Left Arm, Hand or Fingers			

DRUGS

1. Have you ever passed or attempted to pass a forged drug prescription? Yes _____ No _____
2. Have you ever been arrested or convicted for a drug violation? Yes _____ No _____
3. Have you ever stolen drugs from anyone? Yes _____ No _____
4. Have you ever sold any substance which you presented or
claimed to be an illegal drug? Yes _____ No _____
5. Have you ever sold or transported drugs across state line? Yes _____ No _____

If you answered "yes" to questions 1, 2, 3, 4 or 5 please explain: _____

GAMBLING

1. Do you have any gambling debts? Yes _____ No _____

If yes, please explain: _____

2. What is the most money you have ever illegally bet? N/A: _____ Amount: _____ When: _____

PRIOR CRIMINAL JUSTICE EMPLOYMENT HISTORY

1. Please list other law enforcement agencies to which you have applied for employment:

Agency: _____ Date applied: _____

Explanation for not hired: _____

Agency: _____ Date applied: _____

Explanation for not hired: _____

Agency: _____ Date applied: _____

Explanation for not hired: _____

2. Have you ever been employed by a criminal justice or law enforcement agency? Yes ____ No ____

If yes, please answer the following questions:

Have you ever accepted a payoff? Yes ____ No ____

Have you ever stolen anything from anyone you arrested? Yes ____ No ____

Have you ever stolen anything at the scene of a burglary? Yes ____ No ____

Have you ever kept the property of someone who was arrested? Yes ____ No ____

Have you ever carried a "throw down" weapon? Yes ____ No ____

Have you ever unlawfully entered a business? Yes ____ No ____

Have you ever stolen anything from a car that you had towed in? Yes ____ No ____

Have you ever falsified an expense voucher? Yes ____ No ____

Have you ever received any type of gratuity for dropping a case or disposing of an arrest ticket? Yes ____ No ____

Have you ever tampered with evidence? Yes ____ No ____

Have you ever kept for personal use or for resale any illegal drugs taken from someone who had been arrested, detained, or questioned? Yes ____ No ____

Have you ever illegally destroyed a case file, computer record or official report? Yes ____ No ____

Have you illegally retained seized weapons or property? Yes ____ No ____

Have you ever intentionally falsified a case file, computer entry or official report? Yes ____ No ____

Have you ever planted evidence? Yes ____ No ____

Have you ever "tipped off" a friend, acquaintance, or relative about an active investigation involving them? Yes ____ No ____

Have you ever "cover-up" a criminal offense for a friend or relative? Yes ____ No ____

Since you were first employed in criminal justice work, have you used or sold marijuana, cocaine, or any other illegal drugs? Yes ____ No ____

Have you ever stolen anything from a crime scene? Yes ____ No ____

Has your POST certification ever been under review, suspended or revoked by any state? Yes ____ No ____

While employed by a criminal justice agency, did you ever violate your oath of office? Yes ____ No ____

Have you ever received an oral or written reprimand? Yes ____ No ____

Have you ever been suspended from work? Yes ____ No ____

Have you ever been terminated from employment? Yes ____ No ____

Have you ever been a party to a lawsuit as a result of your actions in the performance of your job? Yes ____ No ____

If you answered "yes" to any of the above questions, please explain: _____

Please list all criminal justice or law enforcement agencies you have worked for in the past.

Agency	City/State	Position	Years Employed

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

The answers given by me to the foregoing questions and the statements made by me are true to the best of my knowledge and belief. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS QUESTIONNAIRE OR ANY SUPPLEMENTS THERETO, ARE CAUSE FOR REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.

I understand that MARTA may procure or prepare an investigative report to verify all information I have provided on the questionnaire. For certain positions, this investigation may include a check of my criminal conviction record. By signing this questionnaire, I authorize MARTA to make such an investigation and release from all liability or responsibility all persons, schools, companies, corporations, state agencies or any other entity supplying or collecting such information. Any copy of this authorization shall have the same as the original.

I further understand that as a condition of employment all Dispatcher and Call-Taker Candidates must pass the Georgia Peace Officer Standards and Training and successfully complete the POST Training requirements. Any failure to obtain POST certification or any subsequent suspension or revocation of POST certification will affect the applicant's employment as a MARTA Dispatcher or Call-Taker.

(This section does not apply to non-sworn candidates).

Signature

Date

MARTA Police Department Background And Investigation Consent Form

I hereby authorize the MARTA Police Department, or the MARTA Division of Personnel, to receive any criminal history information pertaining to me which may be in the files of any local, state, or federal criminal justice agency. This authorization shall remain in effect from date of signature until such time as my application is rejected or, if employed, my employment is terminated.

I also request and authorize a review and full disclosure of all records concerning me, to any authorized agent of the MARTA Police Department, or the MARTA Division of Personnel, whether the records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; financial or credit institutions or reporting agencies including loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other consultation, including hospitals, clinics, private practitioners, and the US Veterans Administration; employment and pre-employment records; and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either civil or criminal, in which I have or have had an interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part, upon this release authorization will be considered in determining the suitability for employment by the MARTA Police Department.

A photocopy or facsimile of this release form will be as valid as an original, even though the photocopy or facsimile does not contain an original writing of my signature.

I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others as stated above from any liability or damage which may result from furnishing the requested information.

Signed this _____ day of _____ of _____.

Signature _____

Printed Name _____

Notary Public

Seal

Date

Metropolitan Atlanta Rapid Transit Authority Police Department
A Nationally Accredited, State Certified Agency



MARTA Police Department

Driver's History Consent

I hereby authorize MARTA Police Department, to receive a copy of my Georgia driver's history information as part of my application for criminal justice employment, or for use relative to the performance of my official duties with this agency.

Full Printed Name

Street Address

City

State

Zip Code

Sex

Date of Birth

Driver's License Number

Applicant's Signature

Date

Notary Public

Commission Expiration

Metropolitan Atlanta Rapid Transit Authority Police Department
A Nationally Accredited, State Certified Agency



MARTA Police Department Consent and Authorization for Release of Information

I hereby authorize and request that you release to an authorized representative of the MARTA Police Department all requested pertinent information concerning my employment history, driver's license history, credit history, or criminal history record which may be in the files of any state or local criminal justice agency in Georgia.

I understand that this information will be used by the MARTA Police Department only for official purposes and will be kept confidential. This consent and authorization shall remain in effect from date of signature until such time as my application is rejected or, if employed, my employment is terminated.

I relieve MARTA of any and all liabilities.

Full Printed Name

Street Address

City

State

Zip Code

Sex

Race

Date of Birth

Social Security Number

Applicant's Signature

Date

Notary Public

Date

Commission Expiration

Metropolitan Atlanta Rapid Transit Authority Police Department
A Nationally Accredited, State Certified Agency



MARTA Police Department

Notice of Polygraph Examination

I understand that I will be required to take a standard law enforcement pre-employment polygraph examination administered by the Georgia Bureau of Investigation or MARTA Police Department at a time and place to be determined by the MARTA Police Department. If I am selected to continue in the MARTA Police Selection process, I will be notified of that date, time, and location for the examination.

Applicant's Printed Name

Applicant's Signature

Date Signed

Witnessed for MARTA Police Department

Metropolitan Atlanta Rapid Transit Authority Police Department
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